

MEMORANDUM

Agenda Item No. 11(A)(3)

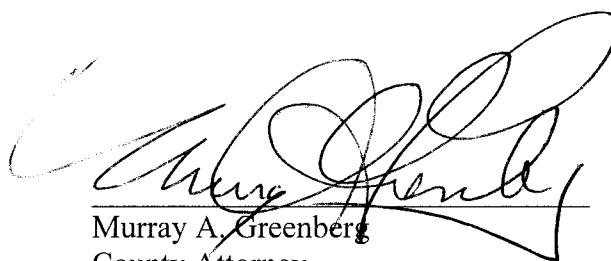
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: September 12, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution Retroactively
Authorizing In-Kind
Services from the Miami-Dade
Park & Recreation Dept. for
the May 14, 2006 Mother's
Day Celebration Sponsored
By Action Uniform &
Resource Center, a Not-For-
Profit, In An Amount Not
To Exceed \$1026.00 to be
Funded From The District 2
In-Kind Reserve Fund

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dorrin D. Rolle.



Murray A. Greenberg
County Attorney

MAG/dc



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: September 12, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(3)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(3)
9-12-06

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MAY 14, 2006 MOTHER'S DAY CELEBRATION SPONSORED BY ACTION UNIFORM & RESOURCE CENTER, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,026.00 TO BE FUNDED FROM THE DISTRICT 2 IN-KIND RESERVE FUND

WHEREAS, Action Uniform & Resource Center has requested in-kind services from the Miami-Dade Park and Recreation Department for the May 14, 2006 Mother's Day Celebration in an amount not to exceed \$1,026.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, Action Uniform & Resource Center is a not-for-profit organization; and

WHEREAS, the Mother's Day Celebration is a district event, and the in-kind services shall be funded from the District 2 In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the Action Uniform & Resource Center's Mother's Day Celebration in an amount not to exceed \$1,026.00 to be funded from the District 2 In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Dorrin D. Rolle and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman	
Dennis C. Moss, Vice-Chairman	
Bruno A. Barreiro	Jose "Pepe" Diaz
Audrey M. Edmonson	Carlos A. Gimenez
Sally A. Heyman	Barbara J. Jordan
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 12th day of September, 2006. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

DDC

Diamela del Castillo

**MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION**

*\$1026
Parks*

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☒ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☒ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Action Uniform Resource Center
501C3, The McIntyre Connection, Inc.
EAGLE CARE PRODUCTION INC.
2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department
- ☐ Other (specify): _____
- ☐ Local Government or Public Entity

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): 786 346-0021

Eagle Care Production @ ya hoo.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Mothers Day Celebration
May 14/06

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries):

The Mother's Day Celebration was to motivate mothers in recovery, seniors, single parents and those in past domestic situations to excel in every area of their life in spite of their present situation. And to raise funds for a properly resourced community center in the near future.

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): Commissioner Dorian Rolle #15-2

6050 N.W. 27th Ave Miami FL



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 257-0933 Ext. 240/(305) 257-1083 (Fax)

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: Commissioner Doreen Fout

EQUIPMENT REQUESTED: Small Show mobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Com. Doreen Fout
CC ENT 010296
OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY)

BILLING ADDRESS/ ZIP CODE: _____

NAME/TITLE OF THE EVENT: MOTHERS' DAY Celebration

ADDRESS OF EVENT: 6050 NW 27 Ave

TODAY'S DATE: 5/3/06

DATE (S) OF EVENT: 5/14/06

SET-UP TIME & DAY: 11^{AM} 5/14

TAKE-DOWN & DAY: 6³⁰ 5/14

CONTACT PERSON/PHONE: Bernice F. Morris

AT SITE CONTACT/CELL PHONE #: 786-295-8429 / 954-815-0197

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc. 786-587-4912

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (10) ten working days before the event.

*Fee _____
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature [Signature]

Agency/Group _____

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED
½ (HALF) OF RENTAL FEE.**

*There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

Memorandum



Date: September 12, 2006

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "G. Burgess", written over the printed name of George M. Burgess.

Subject: District Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization Action Uniform & Resource Center for their Mother's Day Celebration held on May 14, 2006.

In-kind services have been requested in an amount not to exceed \$1,026 from the Park and Recreation Department for use of the small show mobile. This event will be funded from the District 2 district specific in-kind reserve.

In FY 2005-06 the Action Uniform and Resource Center has not received any County funding.

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